

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31361**

Registration District No. **48**

Primary Registration District No. **5109**

Registrar's No.

1. PLACE OF DEATH:

- (a) County **Bollinger**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution **83-7-2** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary R. Yount**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Franklin Yount** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 16 1857** (Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **2** If less than one day hr. min.

9. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

12. Name **William Dowdson** **Tenn.**

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **Dolly Nash** **Tenn.**

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jess Yount**

- (b) Address **Yount Mo.**

17. (a) **Buried** (b) Date thereof **Aug. 20 1940** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Yount Mo.**

18. (a) Signature of funeral director **Young & Sons**

- (b) Address **Perryville Mo.**

19. (a) **Dec 12 1940** (b) **Bertie Watson** (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Bollinger**

- (c) City or town **Rural** (If outside city or town limits, write "RURAL")

- (d) Street No. **0** (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **18** year **1940** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Oct 15, 1938**, 19 **Aug 18**, 19 **40**; that I last saw her alive on **Aug 18**, 19 **40**; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

- Due to **Coronary Occlusion**
Due to **Coronary sclerosis**
Due to **Chronic myocarditis**

Other conditions (include pregnancy within 3 months of death) **q2c**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? **69**

While at work _____ (Specify type of place) (a) Means of injury _____

23. Signature **Oscar Carr** (M. D. or other) **Perryville Mo** Date signed **8-19-40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.